

# Well Drillers and Irrigation Pump Installers

## **Wage and Hour Survey Form**

(For wages paid from July 1, 2005 – June 30, 2006)

- ▶ Please read the instruction sheet before you complete this form.
- ▶ All identifying company information will be kept confidential.

#### Return by mail or fax by December 31, 2006

Prevailing Wage Section Department of Labor and Industries P.O. Box 44540 Olympia, WA 98504-4540

Fax: 360-902-5300

| Company Name Street Address City, State, Zip Contact Person  |   |                               |                                       |  | No   | Contractor Registration No                             |  |   |       |  |  |  |  |   |  |  |  |
|--|---|-------------------------------|---------------------------------------|--|--|--|--|---|-------|--|--|--|--|---|--|--|--|
|  |   |                               |                                       |  | Fax No   |  |  |   |       |  |  |  |  |   |  |  |  |
|  |   |                               |                                       |  |  |  |  |   | Title |  |  |  |  |   |  |  |  |
|  |   |                               |                                       |  |  |  |  |   | _     |  |  |  |  | - |  |  |  |
| Check this box if you did <i>not</i> employ any workers in this trade or occupation. Please fill out company information above and send to L&I by Dec. 31. |   |                               |                                       |  | Check this box if you employed any registered apprentices.  (Do <i>not</i> include apprentice wages or hours in your survey response.) |  |  |   |       |  |  |  |  |   |  |  |  |
| A<br>Sub-classification of<br>the trade or occupation  | B<br>County<br>where the<br>work was<br>performed | C<br>Hourly base<br>wage rate | D<br>Hours<br>worked in<br>the county | E<br>Hours<br>worked in<br>the largest<br>city | F Total hourly insurance rate paid (medical, dental, life, etc.)   | G Total hourly payments to pension or retirement plans | H Total hourly payments for vacation and/or holiday paid | I<br>Hourly payments<br>to apprenticeship<br>programs |       |  |  |  |  |   |  |  |  |
|  |   | \$                            |                                       |  | \$   | \$   | \$   | \$  |       |  |  |  |  |   |  |  |  |
|  |   | \$                            |                                       |  | \$   | \$   | \$   | \$  |       |  |  |  |  |   |  |  |  |
|  |   | \$                            |                                       |  | \$   | \$   | \$   | \$  |       |  |  |  |  |   |  |  |  |
|  |   | \$                            |                                       |  | \$   | \$   | \$   | \$  |       |  |  |  |  |   |  |  |  |
|  |   | \$                            |                                       |  | \$   | \$   | \$   | \$  |       |  |  |  |  |   |  |  |  |
|  |   | \$                            |                                       |  | \$   | \$   | \$   | \$  |       |  |  |  |  |   |  |  |  |
|  |   | \$                            |                                       |  | \$   | \$   | \$   | \$  |       |  |  |  |  |   |  |  |  |
|  |   | \$                            |                                       |  | \$   | \$   | \$   | \$  |       |  |  |  |  |   |  |  |  |
|  |   | \$                            |                                       |  | \$   | \$   | \$   | \$  |       |  |  |  |  |   |  |  |  |
|  |   | \$                            |                                       |  | \$   | \$   | \$   | \$  |       |  |  |  |  |   |  |  |  |
|  |   | \$                            |                                       |  | \$   | \$   | \$   | \$  |       |  |  |  |  |   |  |  |  |
|  |   | \$                            |                                       |  | \$   | \$   | \$   | \$  |       |  |  |  |  |   |  |  |  |
| By my signature belov  | v, I attest that                                  | to the best of r              | ny knowledge                          | the information                                | on provided on this  | survey is accurate                                     | and true.  |   |       |  |  |  |  |   |  |  |  |
| Signature  |   |                               |                                       |  | Print Name   |  |  |   |       |  |  |  |  |   |  |  |  |
| Title  |   |                               |                                       |  | Date   |  |  |   |       |  |  |  |  |   |  |  |  |

### **Scope of Work Description**

#### **Well Drillers and Irrigation Pump Installers**

Water well drillers, exploration drillers, water well pump installers, and equipment oilers (WAC 296-127-01391): For the purpose of the Washington state public works law, chapter 39.12 RCW, the work of water well drillers, exploration drillers, water well pump installers, and equipment oilers includes, but is not limited to:

- (1) Water well drillers. The drilling of wells for:
- (a) Commercial water supplies.
- (b) Irrigation water supplies.
- (c) Water supplies for any other purpose.
- (d) Dewatering, or similar purposes.
- (2) Exploration drillers.
- (a) Hole drilling for geologic or hydrologic information.
- (b) Core drilling for geologic information.
- (3) Water well pump installers. The installation of water well pumps for all purposes, except commercial water supplies.
- (4) Equipment oilers. Assist the drillers and pump installers in the performance of the tasks described above.

[Statutory Authority: Chapter 39.12 RCW, RCW 43.22.270 and 43.22.051. 00-15-077, § 296-127-01391, filed 7/19/00, effective 7/19/00.]

The following are the sub classifications of this occupation:

- 1. Irrigation Pump Installers.
- 2. Exploration Driller.
- 3. Equipment Oiler.
- 4. Well Driller.
- 5. Water Well Pump Installers.